



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Bruce A. Rogers :

Application No.: 10/763,447 :

: Group Art Unit:3732

Filed: January 23, 2004 :

: Examiner: S. L. Willatt

For: :

:

Attorney Docket No.:08859-0009C

I, <u>John F. Letchford</u>, Registration No. <u>33,328</u>, certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 14, 2005.

John F. Letchford

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

REQUEST FOR WITHDRAWAL AS ATTORNEY

Enclosed herewith is a request by the undersigned to withdraw as Attorney of record in the above-referenced application.

Respectfully submitted,

Date: July 14, 2005

John F. Letchford

Registration No. 33,328

Archer & Greiner A Professional Corporation One Centennial Square P.O. Box 3000 Haddonfield, NJ 08033-0968

Tel.: (856) 354-3013 Fax: (856) 795-0574

E-mail: jletchford@archerlaw.com

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	10/763,447				
Filing Date	January 23, 2004				
First Named Inventor	Bruce A. Rogers				
Art Unit	3732				
Examiner Name	S.L. Willatt				
Attorney Docket Number	08859-0009C				

P.O.	missioner fo Box 1450 andria, VA 2										
Please	e withdraw me	as attorney or agent for the abov	e identified	patent a	application	on, an	d				
	all the attorney	rs/agents of record.									
	the attorneys/a	agents (with registration numbers)	listed on th	ne attach	ned pape	er(s), c	or				
the attorneys/agents associated with Customer Number											
	NOTE: This b practition	ox can only be checked when the ters associated with a customer n	power of a number.	ttorney	of record	d in the	applic	ation i	s to all the		
The reaso	ns for this requ	uest are: The client has indicated to	me that he is	s unable t	to pay my	/ fees fo	or legal	service	s going forward.		
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The correspondence address is NOT affected by this withdrawal.											
2. 🗸 CI	hange the corr	espondence address and direct a	all future co	respond	lence to	:					
The address associated with Customer Number:											
OR											
	m <i>or</i> lividual Name	Bruce A. Rogers									
Address		715 North Sixth Street Apartment 3F			_						
City		Philadelphia	State PA				-	Zip	19123		
Country	 -	USA									
Telephone 267-975-8887)					Email ba.rogers@comcast.net						
Signature		Sh									
Name	Name John F. Letchford				Registration No. 3			33,328			
Date	July 14, 2005				Telephone No. 8			856-354-3013			
NOTE: Withdi	rawal is effective w	then approved rather than when received.	Unless there a	re at least	30 days b	etween	approval	of withd	rawal and the expiration		

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